

CLEARSIGN COMBUSTION CORP  
Form 3  
May 01, 2012

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â MARLETT CHRISTOPHER			(Month/Day/Year)	CLEARSIGN COMBUSTION CORP [CLIR]	
A			04/24/2012		
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
401 WILSHIRE BLVD.				(Check all applicable)	
(Street)				___ Director	___X___ 10% Owner
SANTA MONICA, Â CA Â 90401				___ Officer	___ Other
(City)	(State)	(Zip)		(give title below)	(specify below)
					6. Individual or Joint/Group Filing(Check Applicable Line)
					___X___ Form filed by One Reporting Person
					___ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	74,573	D	Â
Common Stock	454,545	I	See Footnote <sup>(1)</sup>
Common Stock	289,207	I	See Footnote <sup>(2)</sup>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial
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	Date Exercisable	Expiration Date	Derivative Security (Instr. 4) Title	Amount or Number of Shares	or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)
Common Stock Warrants <u>(1)</u>	05/10/2011	05/10/2016	Common Stock	17,409	\$ 2.2	D	Â
Common Stock Warrants <u>(2)</u>	05/10/2011	05/10/2016	Common Stock	74,318	\$ 2.2	I	See Footnote <u>(2)</u>
Common Stock Warrants <u>(2)</u>	04/24/2013	04/24/2017	Common Stock	300,000	\$ 5	I	See Footnote <u>(2)</u>

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MARLETT CHRISTOPHER A 401 WILSHIRE BLVD. SANTA MONICA, CA 90401	Â	Â X	Â	Â

## Signatures

/s/ Christopher Marlett 04/30/2012

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
  - \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The record holder of these securities is Integrated Surgical Systems, Inc. ("ISS"). The reporting person is the Chief Executive Officer and a director of ISS. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these securities in this report shall not be an admission of beneficial ownership of all of the reported securities for purposes of Section 16 or for any other purpose.
- (2) The record holder of these securities is MDB Capital Group LLC ("MDB"). The reporting person is the Chief Executive Officer of MDB. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these securities in this report shall not be an admission of beneficial ownership of all of the reported securities for purposes of Section 16 or for any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.